# PATENT APPLICATION FEE DETERMINATION RECORD
## Effective December 8, 2004

**Application or Docket Number**

10/ 57/995

## CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|---|---|
| U.S. NATIONAL STAGE FEES | | |
| BASIC FEE | | |
| EXAMINATION FEE | | |
| SEARCH FEE | | |
| FEE FOR EXTRA SPEC. PGS. | minus 100 = | / 50 = |
| TOTAL CHARGEABLE CLAIMS | 24/30 minus 20 = | . 10 |
| INDEPENDENT CLAIMS | } minus 3 = | . |
| MULTIPLE DEPENDENT CLAIM PRESENT | | ☒ |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**SMALL ENTITY TYPE** ☐ OR **OTHER THAN SMALL ENTITY**

| SMALL ENTITY RATE | FEE | | OTHER THAN SMALL ENTITY RATE | FEE |
|---|---|---|---|---|
| BASIC FEE | | OR | BASIC FEE | 300 |
| EXAM. FEE | | | EXAM. FEE | 200 |
| SEARCH FEE | | | SEARCH FEE | 400 |
| X $ 125 = | | | X $ 250 = | |
| X $ 25 = | | OR | X $ 50 = | 500 |
| X $ 100 = | | OR | X $ 200 = | |
| + $ 180 = | | OR | + $ 360 = | 360 |
| TOTAL | | OR | TOTAL | 1760 |

## CLAIMS AS AMENDED - PART II

6/18/07

**OTHER THAN SMALL ENTITY** OR **SMALL ENTITY**

### AMENDMENT A

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA | SMALL ENTITY RATE | ADDITIONAL FEE | | OTHER THAN SMALL ENTITY RATE | ADDITIONAL FEE |
|---|---|---|---|---|---|---|---|---|---|
| Total | \* 23 | Minus | \*\* 30 | = — | X $ 25 = | | OR | X $ 50 = | |
| Independent | \* 3 | Minus | \*\*\* 3 | = — | X $ 100 = | | OR | X $ 200 = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ | + $ 180 = | | OR | + $ 360 = | |
| | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | — |

### AMENDMENT B

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA | RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|---|---|---|---|---|---|---|---|---|---|
| Total | \* | Minus | \*\* | = | X $ 25 = | | OR | X $ 50 = | |
| Independent | \* | Minus | \*\*\* | = | X $ 100 = | | OR | X $ 200 = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ | + $ 180 = | | OR | + $ 360 = | |
| | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.